Fill	in this informa	ation to identify yo	our case:					
Debtor 1 William R. Yellets						Check if this is:		
							An amended filing	
	otor 2	Linda J. Yell	ets				A supplement shown 13 expenses as of	wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as or	the following date.
Unit	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
Cas	e number 1	9-15213						
(If k	nown)							
Of	fficial Fo	orm 106J						
		J: Your	Exper	ises				12/15
Be info	as complete ormation. If n	and accurate as	s possible eded, atta	. If two married people are				or supplying correct
Par		ribe Your House	ehold					
1.	Is this a joi ☐ No. Go to							
		es Debtor 2 live	in a separ	ate household?				
	■ N							
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Del	btor 2.	
2.	Do you hay	ve dependents?	■ No					
۷.	•	Debtor 1 and	_	Fill out this information for	Dependent's relati	onshin to	Dependent's	Does dependent
	Debtor 2.	Debior Fand	☐ Yes.	each dependent	Debtor 1 or Debtor		age	live with you?
	Do not state	e the						□ No
	dependents	names.						Yes
								□ No
					-			☐ Yes ☐ No
								☐ Yes
							_	□ No
								☐ Yes
3.		penses include	. =	No				
		of people other t ad your depende		Yes				
Dor				h. F				
exp	imate your e	a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
				government assistance if				
	ficial Form 10		id nave inc	cluded it on <i>Schedule I:</i> Y	our income		Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	711.00
	. ,	•	o ground t					
		ded in line 4:						
		estate taxes				4a.	·	0.00
	•	erty, homeowner's				4b. 4c.	·	0.00
		e maintenance, re eowner's associat	•	upkeep expenses dominium dues		4c. 4d.	:	120.00 0.00
5.	Additional mortgage payments for your residence, such as home equity loans					5.	·	0.00

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icity, heat, natural gas r, sewer, garbage collection hone, cell phone, Internet, satellite, and cable services . Specify: ousekeeping supplies nd children's education costs hundry, and dry cleaning are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. Insurance In insurance le insurance insurance. Specify: Inot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	350.00 75.00 305.00 0.00 625.00 0.00 80.00 120.00 450.00 350.00 0.00 0.00
r, sewer, garbage collection hone, cell phone, Internet, satellite, and cable services . Specify: ousekeeping supplies nd children's education costs lundry, and dry cleaning are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. lisurance lie insurance lie insurance. Specify: lot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	75.00 305.00 0.00 625.00 0.00 80.00 120.00 450.00 350.00 0.00 0.00
hone, cell phone, Internet, satellite, and cable services . Specify: ousekeeping supplies nd children's education costs lundry, and dry cleaning are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. lisurance in insurance le insurance insurance. Specify: lot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	305.00 0.00 625.00 0.00 80.00 120.00 450.00 350.00 100.00 0.00 135.00 360.00
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ousekeeping supplies nd children's education costs lundry, and dry cleaning are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. lisurance in insurance le insurance insurance. Specify: lot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	625.00 0.00 80.00 120.00 450.00 350.00 100.00 0.00 135.00 360.00
and children's education costs aundry, and dry cleaning are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. issurance in insurance le insurance insurance. Specify: iot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 80.00 120.00 450.00 350.00 100.00 0.00 0.00 135.00 360.00
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are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. isurance in insurance le insurance insurance. Specify: iot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	10. 11. 12. 13. 14. 15a. 15b. 15c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	80.00 120.00 450.00 350.00 100.00 0.00 0.00 135.00 360.00
are products and services d dental expenses tion. Include gas, maintenance, bus or train fare. de car payments. ent, clubs, recreation, newspapers, magazines, and books contributions and religious donations de insurance deducted from your pay or included in lines 4 or 20. isurance in insurance le insurance insurance. Specify: iot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	11. 12. 13. 14. 15a. 15b. 15c.	\$ = \$ \$ = \$ \$ =	120.00 450.00 350.00 100.00 0.00 0.00 135.00 360.00
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de insurance deducted from your pay or included in lines 4 or 20. Issurance in insurance le insurance insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	15a. 15b. 15c.	\$ \$ \$	0.00 135.00 360.00
Isurance In insurance Ide insurance Insurance. Specify: Insurance. Specify: Insurance insurance insurance insurance insurance. Insurance	15b. 15c.	\$	135.00 360.00
Isurance In insurance Ide insurance Insurance. Specify: Insurance. Specify: Insurance insurance insurance insurance insurance. Insurance	15b. 15c.	\$	135.00 360.00
n insurance le insurance insurance. Specify: oot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	15b. 15c.	\$	135.00 360.00
le insurance insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	15c.	\$	360.00
insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. or lease payments:		·	
ot include taxes deducted from your pay or included in lines 4 or 20. or lease payments:	15d.	\$	
or lease payments:			0.00
	16.	\$	0.00
ayments for Vehicle 1	17a.	\$	0.00
ayments for Vehicle 2	17b.		0.00
. Specify: Storage Unit	17c.	\$	40.00
Specify:	17d.		0.00
ents of alimony, maintenance, and support that you did not report as		Ψ	0.00
om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
ents you make to support others who do not live with you.		\$	0.00
	19.		
property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	our Income.	
ages on other property	20a.	\$	0.00
estate taxes	20b.	\$	0.00
erty, homeowner's, or renter's insurance	20c.	\$	0.00
enance, repair, and upkeep expenses	20d.	\$	0.00
owner's association or condominium dues	20e.	\$	0.00
cify: Pet Expense	21.	+\$	80.00
			00.00
our monthly expenses			<u>.</u>
es 4 through 21.		l	3,901.00
ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
e 22a and 22b. The result is your monthly expenses.		\$	3,901.00
our monthly net income.			
line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,772.55
your monthly expenses from line 22c above.	23b.	-\$	3,901.00
			4 074 55
act your monthly expenses from your monthly income.	23c.	a	1,871.55
es 4 ne 2 e 22 our line	through 21. 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 a and 22b. The result is your monthly expenses. monthly net income. 12 (your combined monthly income) from Schedule I. r monthly expenses from line 22c above. your monthly expenses from your monthly income. t is your monthly net income.	through 21. 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 a and 22b. The result is your monthly expenses. monthly net income. 12 (your combined monthly income) from Schedule I. 23a. r monthly expenses from line 22c above. 23b. your monthly expenses from your monthly income. t is your monthly net income. 23c. an increase or decrease in your expenses within the year after you file this ou expect to finish paying for your car loan within the year or do you expect your mortgage pages.	through 21. 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 a and 22b. The result is your monthly expenses. **monthly net income.** 12 (your combined monthly income) from Schedule I. 23a. \$ r monthly expenses from line 22c above. 23b\$ your monthly expenses from your monthly income.

	N	l۸
_	٠,١	w.

☐ Yes.

Explain here: Medical and Dental expenses are due to Linda's high mental and dental costs due to her diabetes.